

Fill in this information to identify the case:

Debtor Topp's Mechanical, Inc.

United States Bankruptcy Court for the: District of Nebraska

Case number 21-40038-TLS
(If known)

☒ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1 Priority creditor's name and mailing address**

Internal Revenue Service
Centralized Insolvency Operation
P.O. Box 7346
Philadelphia, PA, 19101-7346

As of the petition filing date, the claim is:

Total claim

\$ 930.82

Priority amount

\$ 930.82

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Taxes & Other Government Units

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)**2.2 Priority creditor's name and mailing address**

Johnson County Treasurer
P.O. Box 476
Tecumseh, NE, 68450

As of the petition filing date, the claim is:

\$ 23,178.24

\$ 23,178.24

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Taxes & Other Government Units

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)**2.3 Priority creditor's name and mailing address**

Nebraska Department of Revenue
ATTN: Bankruptcy Unit
P.O. Box 94818
Lincoln, NE, 68509-4818

As of the petition filing date, the claim is:

\$ 2,592.40

\$ 2,592.40

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Taxes & Other Government Units

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Advanced Office Automation, Inc. 1065 North 33rd Street Lincoln, NE, 68503 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>200.25</u>
3.2	Nonpriority creditor's name and mailing address Airgas Southwest/Gulf Coast Regions P.O. Box 734672 Dallas, TX, 75373-4672 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>468.06</u>
3.3	Nonpriority creditor's name and mailing address Airgas Specialty Products P.O. Box 934434 Atlanta, GA, 31193-4434 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>4,518.61</u>
3.4	Nonpriority creditor's name and mailing address Airgas USA, LLC P.O. Box 734445 Chicago, IL, 60673-4445 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>464.51</u>
3.5	Nonpriority creditor's name and mailing address All-American Publishing P.O. Box 100 Caldwell, ID, 83606-0100 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>349.00</u>
3.6	Nonpriority creditor's name and mailing address American Alloy Steel Inc. P.O. Box 40469 Houston, TX, 77240 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>4,852.65</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷	Nonpriority creditor's name and mailing address American Welding Society 8669 NW 36th Street #130 Miami, FL, 33126-6672	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 88.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸	Nonpriority creditor's name and mailing address Ameritas Life Insurance P.O. Box 650730 Dallas, TX, 75265-0730	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 194.85
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹	Nonpriority creditor's name and mailing address Andrews Electric CO., Inc. P.O. Box 273 Geneva, NE, 68361	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 327,989.87
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁰	Nonpriority creditor's name and mailing address Aramark AUCA Chicago Lockbox 25259 Network Place Chicago, IL, 60673-1252	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 5,135.14
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹¹	Nonpriority creditor's name and mailing address ASME-American Society of Mech Engineers ATTN: Conformity Assessment Finance 150 Clove Road, 6th Floor Little Falls, NJ, 07424-2139	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 7,320.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹²	Nonpriority creditor's name and mailing address Black Hills Energy P.O. Box 6001 Rapid City, SD, 57709-6001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 251.39
3. ¹³	Nonpriority creditor's name and mailing address Browz LLC Dept 3485 P.O. Box 123485 Dallas, TX, 75312-3485	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 2,895.00
3. ¹⁴	Nonpriority creditor's name and mailing address Central States Group P.O. Box 30047 Omaha, NE, 68103-1147	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 8,443.62
3. ¹⁵	Nonpriority creditor's name and mailing address CenturyLink P.O. Box 2956 Phoenix, AZ, 85602-2956	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 53.67
3. ¹⁶	Nonpriority creditor's name and mailing address CIT Bank NA 21146 Network Place Chicago, IL, 60673-1211	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 540.91

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹⁷	Nonpriority creditor's name and mailing address City of Tecumseh - Utilities P.O. Box 417 Tecumseh, NE, 68450-0417	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,181.20
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁸	Nonpriority creditor's name and mailing address Coastal Chemical Co., LLC Department 2214 PO Box 122214 Dallas, TX, 75312-2214	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,028.95
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁹	Nonpriority creditor's name and mailing address Colonial Life Premium Processing P.O. Box 903 Columbia, SC, 29202-0903	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,028.95
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁰	Nonpriority creditor's name and mailing address Creighton Power & Communications 8707 Mynard Road Louisville, NE, 68037	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 40.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²¹	Nonpriority creditor's name and mailing address Cross Technologies, Inc. d/b/a Cross Co. P.O. Box 746408 Atlanta, GA, 30374	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 26,145.80
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ²²	Nonpriority creditor's name and mailing address Datavizion, LLC 5760 Cornhusker Hwy Suite 1-4 Lincoln, NE, 68507	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,419.12
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²³	Nonpriority creditor's name and mailing address Delta Tee Intl. Inc. P.O. Box 172212 Arlington, TX, 76003-2212	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 44,710.71
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁴	Nonpriority creditor's name and mailing address Dual Temp Companies, Inc. 1111 East Touhy Avenue Suite 100 Des Plaines, IL, 60018	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 23,469.81
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁵	Nonpriority creditor's name and mailing address DXP Enterprises, Inc. P.O. Box 840511 Dallas, TX, 75284-0511	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,107.64
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁶	Nonpriority creditor's name and mailing address Echo Electric Supply P.O. Box 246 Beatrice, NE, 68310	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 624.59
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ²⁷ Nonpriority creditor's name and mailing address Elk Creek Welding & Steel Products, Inc 62103 722 Road Elk Creek, NE, 68348	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 36.50
3. ²⁸ Nonpriority creditor's name and mailing address Engineered Power & Control Solutions, Inc. 110 Metroplex Boulevard Suite G Pearl, MS, 39208	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 91,915.08
3. ²⁹ Nonpriority creditor's name and mailing address Evapco c/o SYS-KOOL LLC Cody Bemis 11313 South 146th Street Omaha, NE, 68138	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 63,504.50
3. ³⁰ Nonpriority creditor's name and mailing address F & H Insulation Sales and Services, Inc. P.O. Box 250 Kechi, KS, 67067	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 98,470.54
3. ³¹ Nonpriority creditor's name and mailing address Fastenal - NEBEA P.O. Box 1286 Winona, MN, 55987	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 3,319.85

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ³²	Nonpriority creditor's name and mailing address FES-Southwest, Inc. 19221 I-H 45 South Suite 340 Conroe, TX, 77385	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 6,871.63
	Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. ³³	Nonpriority creditor's name and mailing address First Midwest Equipment Finance Co. P.O. Box 857 Bedford Park, IL, 60499-0857	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 29,579.32
	Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. ³⁴	Nonpriority creditor's name and mailing address Floyd's Truck Repair Inc 2496 US Highway 36 Sabetha, KS, 66534	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,834.37
	Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. ³⁵	Nonpriority creditor's name and mailing address Frost Brown Todd LLC P.O. Box 44961 Indianapolis, IN, 46244-0961	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 8,062.37
	Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. ³⁶	Nonpriority creditor's name and mailing address Gardner Denver Nash LLC P.O. Box 952453 St. Louis, MO, 63195-2453	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5,886.68
	Date or dates debt was incurred _____ Last 4 digits of account number _____		

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ³⁷ Nonpriority creditor's name and mailing address George Topp Rigging 574 North 3rd Street Tecumseh, NE, 68450	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 3,750.00
3. ³⁸ Nonpriority creditor's name and mailing address Grainger Dept 844747642 PO Box 419267 Kansas City, MO, 64141-6267	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 864.42
3. ³⁹ Nonpriority creditor's name and mailing address HSB Global Standards P.O. Box 73720 Chicago, IL, 60673-7720	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 3,962.75
3. ⁴⁰ Nonpriority creditor's name and mailing address HTH Companies, Inc. 239 Rock Industrial Blvd Suite 108 Union, MO, 63084	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 53,593.75
3. ⁴¹ Nonpriority creditor's name and mailing address Hutcheson Engineering Products, Inc. 6405 John J. Pershing Drive Omaha, NE, 68112	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 3,931.91

Part 2: Additional Page

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Amount of claim

3. ⁴²	Nonpriority creditor's name and mailing address I-Con Solutions 1234 East 37th Street N Wichita, KS, 67219	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 19,599.10
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴³	Nonpriority creditor's name and mailing address Industrial Refrigeration Parts 3045 Chestnut Expressway Suite A Springfield, MO, 65802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 15,424.33
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁴	Nonpriority creditor's name and mailing address Interstate Industrial Vac Service, Inc 5444 North 103rd Street Omaha, NE, 68134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 4,300.00
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁵	Nonpriority creditor's name and mailing address Iowa Insulation Inc 955 West K Avenue Nevada, IA, 50201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 124,737.31
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁶	Nonpriority creditor's name and mailing address IPFS Corporation 24722 Network Place Chicago, IL, 60673-1247	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 6,305.81
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁴⁷	Nonpriority creditor's name and mailing address Jacobi Carbons, Inc. P.O. Box 206016 Dallas, TX, 75320-6016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 38,080.00
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁸	Nonpriority creditor's name and mailing address Janssen's Over the Road Licensing Service 4910 Rentfro Drive Lincoln, NE, 68526	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 70.00
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁹	Nonpriority creditor's name and mailing address Jasper Eng. & Equip. Co. 3800 5th Avenue West Suite 1 Hibbing, MN, 55746	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 11,294.16
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁰	Nonpriority creditor's name and mailing address Jeff Engels - EAI Aircraft LLC 56871 714 Road Fairbury, NE, 68352	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 18,503.01
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵¹	Nonpriority creditor's name and mailing address Kelly Supply Company P.O. Box 1328 Grand Island, NE, 68802-1328	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 71,654.17
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁵²	Nonpriority creditor's name and mailing address Kenny Pipe & Supply Inc. P.O. Box 306170 Nashville, TN, 37230-6170	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 71,612.46
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵³	Nonpriority creditor's name and mailing address Linweld - Lincoln, NE Matheson Tri-Gas Inc Dept 3028 P.O. Box 12308 Dallas, TX, 75312	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 4,754.30
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁴	Nonpriority creditor's name and mailing address Linweld - Sterling, CO Dept. 3028 P.O. Box 123028 Dallas, TX, 75312	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 759.70
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁵	Nonpriority creditor's name and mailing address Matheson Gas 6901 Cornhusker Hwy Lincoln, NE, 68507	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁶	Nonpriority creditor's name and mailing address McMaster-Carr P.O. Box 7690 Chicago, IL, 60680-7690	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 717.72
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁵⁷	Nonpriority creditor's name and mailing address Meylan Enterprises, Inc. 6225 South 60th Street Omaha, NE, 68117	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 7,220.00
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁸	Nonpriority creditor's name and mailing address Moran Plumbing & Heating, LLC 62424 729 Road Tecumseh, NE, 68450	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 15,733.40
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁹	Nonpriority creditor's name and mailing address NANO Purification Solutions P.O. Box 481930 Charlotte, NC, 28269	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,060.37
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁰	Nonpriority creditor's name and mailing address National Board 1055 Crupper Avenue Columbus, OH, 43229-1183	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 660.00
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶¹	Nonpriority creditor's name and mailing address NE Department of Motor Vehicles Motor Carrier Services Division P.O. Box 94729 Lincoln, NE, 68509-4729	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,247.14
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁶²	Nonpriority creditor's name and mailing address Olsson P.O. Box 84608 Lincoln, NE, 68501-4608	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 12,871.25
3. ⁶³	Nonpriority creditor's name and mailing address OPPD P.O. Box 3995 Omaha, NE, 68103-0995	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 93.61
3. ⁶⁴	Nonpriority creditor's name and mailing address Patriot Crane and Rigging LLC 155 Ida Street Omaha, NE, 68110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 12,497.50
3. ⁶⁵	Nonpriority creditor's name and mailing address Pepsi-Cola Bottling P.O. Box 50 Oskaloosa, IA, 52577	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 274.45
3. ⁶⁶	Nonpriority creditor's name and mailing address Peterbilt of Council Bluffs/Sioux City P.O. Box 386 Sioux City, IA, 51102-0386	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 199.35

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁶⁷	Nonpriority creditor's name and mailing address Pfister & Associates 800 E. Northwest Highway Suite 202 Mount Prospect, IL, 60056	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 14,454.44
3. ⁶⁸	Nonpriority creditor's name and mailing address Platte Valley Chad Whisinnand P.O. Box 81042 Lincoln, NE, 68501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 10,815.59
3. ⁶⁹	Nonpriority creditor's name and mailing address R.S. Stover Company P.O. Box 5101 Des Moines, IA, 50305-5101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 72,289.32
3. ⁷⁰	Nonpriority creditor's name and mailing address R.T. Zumpfe Engineering, Inc. 3939 N. 48th St. #207 Lincoln, NE, 68504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ Unknown
3. ⁷¹	Nonpriority creditor's name and mailing address Radio Accounting Service c/o Radio Station KNTK/FM 3312 West Peterson Avenue Chicago, IL, 60659	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 300.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷²	Nonpriority creditor's name and mailing address Saint-Gobain NorPro Krystal Martin 3840 Fishcreek Road Stow, OH, 44224	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 3,658.08
3. ⁷³	Nonpriority creditor's name and mailing address Schimberg Co. 1106 Shaver Road NE Cedar Rapids, IA, 52402	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 154.61
3. ⁷⁴	Nonpriority creditor's name and mailing address Seneca Sanitation 313 South 8th Street Seneca, KS, 66538	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 543.00
3. ⁷⁵	Nonpriority creditor's name and mailing address Servando O. Hernandez 10226 Sunset Field San Antonio, TX, 78245	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 12,660.00
3. ⁷⁶	Nonpriority creditor's name and mailing address Setpoint Integrated Solutions P.O. Box 935076 Atlanta, GA, 31193-5076	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 26,088.10

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷⁷	Nonpriority creditor's name and mailing address SPX Cooling Technologies/SGS Refrigeration P.O. Box 99038 Chicago, IL, 60693	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 38,774.50
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁷⁸	Nonpriority creditor's name and mailing address State Steel of Omaha P.O. Box 3224 Sioux City, IA, 51102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 7,955.22
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁷⁹	Nonpriority creditor's name and mailing address Sulzer Chemtech USA Inc. P.O. Box 700480 Tulsa, OK, 74170-0480	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 14,462.54
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸⁰	Nonpriority creditor's name and mailing address T-L Irrigation Company P.O. Box 1047 Hastings, NE, 68902-1047	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 1,000.00
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸¹	Nonpriority creditor's name and mailing address Tanner Industries, Inc. P.O. Box 536300 Pittsburgh, PA, 15253-5904	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 13,161.16
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁸²	Nonpriority creditor's name and mailing address Tecumseh Chieftain P.O. Box 809 Tecumseh, NE, 68450	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 45.00
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸³	Nonpriority creditor's name and mailing address The Hartford Steam Boiler Inspection and Insurance Company P.O. Box 73720 Chicago, IL, 60673-3720	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸⁴	Nonpriority creditor's name and mailing address Tom Lyons PE LLC 18403 Crosstimber San Antonio, TX, 78258	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,200.00
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸⁵	Nonpriority creditor's name and mailing address Topp's Small Engine 61705 Highway 136 Tecumseh, NE, 68450	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 278.52
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸⁶	Nonpriority creditor's name and mailing address Tradesmen International, LLC P.O. Box 677807 Dallas, TX, 75267-7807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 56,659.00
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁸⁷	Nonpriority creditor's name and mailing address US Standard Products P.O. Box 5509 Englewood, NJ, 07631	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 545.43
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸⁸	Nonpriority creditor's name and mailing address Verizon Wireless P.O. Box 16810 Newark, NJ, 07101-6810	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 802.29
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸⁹	Nonpriority creditor's name and mailing address Visa - Elan Financial Cardmember Service P.O. Box 790408 St. Louis, MO, 63179-0408	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 129,458.90
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹⁰	Nonpriority creditor's name and mailing address Von Briesen & Roper SC 411 East Wisconsin Avenue Suite 1000 Milwaukee, WI, 532029873	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 101,669.33
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹¹	Nonpriority creditor's name and mailing address VVS Canteen P.O. Box 87 Cozad, NE, 69130	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 212.45
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁹² Nonpriority creditor's name and mailing address

Westco International, Inc.
6924 East Reading Place
Tulsa, OK, 74115

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 13,446.48

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁹³ Nonpriority creditor's name and mailing address

Windstream
P.O. Box 9001908
Louisville, KY, 40290-1908

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 405.94

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 3: List Others to Be Notified About Unsecured Claims

4. **List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.
If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	Cross Technologies, Inc. d/b/a Cross Co. c/o Andrew L. Rodenbough 230 North Elm Street, Suite 2000 Greensboro, NC, 27401	Line <u>3.21</u> <input type="checkbox"/> Not listed. Explain: _____	_____
4.2.	Dual Temp Companies, Inc. c/o James W. Garlanger 7480 West College Drive, Suite 101 Palos Heights, IL, 60463	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.3.	Engineered Power & Control Solutions, Inc. c/o Kevin E. Gay P.O. Box 12301 Jackson, MS, 39236	Line <u>3.28</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.4.	Evapco, Inc. c/o Thomas A. Pastore P.O. Box 40939 Indianapolis, IN, 46240	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.1.	F & H Insulation Sales and Services, Inc. c/o Steven G. Ranum 2120 South 72nd Street, Suite 1200 Omaha, NE, 68124	Line <u>3.30</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.5.	HTH Companies, Inc. c/o Craig F. Martin 10306 Regency Parkway Drive Omaha, NE, 68114	Line <u>3.40</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.6.	Jacobi Carbons, Inc. c/o Mark S. Fusco 1301 E. Ninth St., Suite 3500 Cleveland, OH, 44114	Line <u>3.47</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.7.	Johnson County Attorney P.O. Box 263 Tecumseh, NE, 68450	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.8.	R.S. Stover Company c/o Mitchell R. Kunert 700 Walnut Street, Suite 1600 Des Moines, IA, 50309-3899	Line <u>3.69</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.9.	Tradesmen International, LLC c/o Karl Von Oldenburg 14211 Arbor Street, Suite 100 Omaha, NE, 68144	Line <u>3.86</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.10.	Westco International, Inc. c/o Brian S. Koerwitz 5825 South 14th Street, Suite 200 Lincoln, NE, 68512	Line <u>3.92</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.11.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts		
5a. Total claims from Part 1	5a.	\$ 26,701.46
5b. Total claims from Part 2	5b. +	\$ 1,812,815.01
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 1,839,516.47